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To:

| NAME: | FACSIMILE: | TELEPHONE: |
|-----------------------|----------------|------------|
| USPTO MS Amendment | (571) 273-8300 | |

FROM: Barbara M. Hayashi

DATE: July 27, 2005

| | | |
|-------------------------------------|---|----------------------------|
| Number of pages with cover page: | 9 | Our Reference 480062001800 |
|-------------------------------------|---|----------------------------|

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

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Comments:

Application No. 10/727,287

Attached: 1) Transmittal Form, 2) Fee Transmittal, 3) Response to Restriction Requirement - 2 pages, 4) Supplemental IDS Statement - 3 pages, 5) PTO/SB/08a/b - 1 page.

oc-301093

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|------------------------|------------------|
| <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p> | | Application Number | 10/727,287 |
| | | Filing Date | December 3, 2003 |
| | | First Named Inventor | Scott W. SANDERS |
| | | Art Unit | 3763 |
| | | Examiner Name | A. S. Ahmed |
| | | Attorney Docket Number | 480062001800 |
| Total Number of Pages in This Submission | | 8 | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 2 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a/b - 1 page |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP, Customer No. 25224 | | |
| Signature | | | |
| Printed name | Todd W. Wight | | |
| Date | July 27, 2005 | Reg. No. | 45,218 |

| | |
|---|-------------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below. | |
| Dated: July 27, 2005 | Signature: (Barbara Hayashi) |

oc-301098

PAGE 2/9 * RCVD AT 7/27/2005 7:31:27 PM (Eastern Daylight Time) * SVR:USPTO-EFXXF-6/26 * DNIS:2738300 * CSID:949 251 0900 * DURATION (mm-ss):03-26

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JUL 27 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|------|--|--|
| Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 10/727,287 Filing Date December 3, 2003 First Named Inventor Scott W. SANDERS Examiner Name A. S. Ahmed Art Unit 3763 Attorney Docket No. 480082001800 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 | |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | |
| Each claim over 20 (including Reissues) | 50 | 25 | | | | | |
| Each independent claim over 3 (including Reissues) | 200 | 100 | | | | | |
| Multiple dependent claims | 360 | 180 | | | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | |
| - 20 = | x | = | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| - 3 = | x | = | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| - 100 = | /50 | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | <u>Fees Paid (\$)</u> | | | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | | | | 180.00 | | | |

| | | | |
|-------------------|---------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 45,218 |
| Name (Print/Type) | Todd W. Wight | Telephone | (949) 251-7189 |
| | | Date | July 27, 2005 |

oc-301099

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Dated: July 27, 2005

Signature: 

(Barbara Mavashi)

JUL 27 2005

Docket No.: 480062001800
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:
Scott W. SANDERS

Application No.: 10/727,287

Confirmation No.: 4663

Filed: December 3, 2003

Art Unit: 3763

For: PORT STEM MARKING FOR CATHETER
PLACEMENT

Examiner: A. S. Ahmed

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed July 1, 2005, Applicant hereby provisionally elects claims 1 for continued examination.

The Examiner has required restriction between 11 identified species as follows: A. FIGS. 2A and 3A; B. FIG. 4A; C. FIG. 4B; D. FIG. 4C; E. FIG. 6; F. FIG. 7; G. FIG. 8A; H. FIG. 9A; I. FIG. 9B; J. FIG. 10; K. FIG. 11. The Examiner states that no claim is generic. Applicant elects species A (FIGS. 2A and 3A, claims 1-8, 13, 16, 19-24) for continued examination without traverse. Applicant notes, however, that claims 1, 13, 16 and 21 are generic to all species.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit

oc-301086

Application No.: 10/727,287

2

Docket No.: 480062001800

Account No. 03-1952 referencing (480062001800). However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: July 27, 2005

Respectfully submitted,

By 

Todd W. Wight

Registration No.: 45,218

MORRISON & FOERSTER LLP

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oc-301086